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DECLARATION FO		Attorney Docke	First Named Inventor		US)			
DESIG		First Named Inv			worth, Sr.			
PATENT APPL	ICATION	co	COMPLETE IF KNOWN					
(37 CFR <sup>4</sup>		Application Num	Application Number					
Declaration Submitted OR with Initial Filing		Filing Date						
		Group Art Unit		<del></del>				
	(37 CFR 1.16 (e)) required)	Examiner Name						
As a below named inventor, I he	reby declare that:			1000				
My residence, mailing address, er	nd citizenship are as stated	below next to my name	<b>e</b> .					
I believe I am the original, first and	d sale inventor (if only one i	name is listed below) o	r an original. f	irst and joint invent	or (if plural			
hames are listed below) of the sul	pject matter which is claime	d and for which a pate	nt is sought o	n the invention enti	tled:			
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sha ana alƙansian - ƙashirla	(Title of the	Invention)						
the specification of which								
is attached hereto								
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x was filed on (MM/DD/YYYY)	03/07/2003 /	as United Sta	ites Applicatio	n Number or PCT i	nternational			
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Application Number PCT/US03	/07143 and was ame	ended on (MM/DD/YYY	Υ)		(if applicable).			
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I hereby state that I have reviewed amended by any amendment spec	and understand the conte stically referred to above.	nts of the above identif	ied specificati	on, including the d	aims, as			
I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became avalla	able between the filing (	efined in 37 C date of the pri	FR 1.56, including or application and	for continuation- the national or			
I hereby olaim foreign priority bene or plant breeder's rights certificate than the United States of America patent, inventor's or plant breeder application on which priority is clair	s, tisted below and have a 's rights certificate(s), or a	also kdenimed Delow. D	ov checking t	ne pox, any foreigi	n application for			
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## **Utility or Design Patent Application** DECLARATION Customer Number 21091) Direct all correspondence to: X Correspondence address below or Bar Code Label Name **Address** State ZIP City Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and batief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor John O. Bosworth, Sr. Given Name Family Name (first and middle [if any]) or Sumame inventor's Signature Date Upper Nyack NY UŜ Residence: City Country Citizenship 601 North Broadway Mailing Address Upper Nyack NY 10960 US City State 219 Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if anyj) or Sumame Inventor's **Signature** Cate Residence: City Country Citizenship Malling Address City Country Additional inventors are being named on the \_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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